

TO MAKE YOUR PAYMENTS ON-LINE ACCESS OUR WEB SITE AT www.revenue.nh.gov

1 Who Must Pay Estimated Tax

Every entity required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments for each individual tax for its subsequent taxable period unless the annual estimated tax for the subsequent taxable period for each individual tax is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period equals or exceeds \$200 for either tax.

(See paragraph 6 for exceptions).

2 Where to Make Payments

Make estimate tax payments on-line at www.revenue.nh.gov or mail estimated tax payments to:

NH DRA (NH DEPT OF REVENUE ADMINISTRATION) DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637

When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 2008 2nd quarterly payment due June 16, 2008 3rd quarterly payment due September 15, 2008 4th quarterly payment due December 15, 2008

FISCAL YEAR FILERS:

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th, and 12th months of the taxable period to which they relate.

FISCAL YEAR FILERS MUST ENTER THE TAX PERIODS ON EACH ESTIMATE FORM.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in installments on the due dates.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use Form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form visit our web site or call the forms line at (603) 271-2192.

7 Need Help

QUESTIONS not covered herein may be answered in our Frequently Asked Questions (FAQ) brochure available on the Internet web at www.revenue.nh.gov or by calling Central Taxpayer Services at (603) 271-2191.

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

FORM NH-1120-ES

TO MAKE YOUR PAYMENT ON-LINE ACCESS OUR WEB SITE AT www.revenue.nh.gov

1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS			BET(a)	BPT(b)		
a BET Ta	xable Base After Apportionment					
b New Ha	ampshire Taxable Business Profits After A	pportionment				
TAX a Line 1(a	a) x .0075					
,	b) x .085					
CREDITS	, x .000					
a RSA 16	2-L, CDFA (Investment Tax Credit)					
b RSA 16	2-N, CROP (Community Reinvestment Opp					
c RSA 77	-A:5 (Please be sure to include the BET C	Credit)				
Estimated tax	for current tax period [Line 2 minus Lines	s 3(a), (b) & (c)]				
Overpayment	from prior tax period					
Balance of Bu	siness Taxes Due (Line 4 minus Line 5)					
	COMPUT	ATION and RECORD of PA	AYMENTS			
Date Paid	BET Amount of eac	ch Installment g of worksheet) BPT	Total Due (BET and/or BPT)	CALENDAR YEAR		
1	\$	\$	\$	April 15, 2008		
2	\$	\$	\$	June 16, 2008		
3	\$	\$	\$	Sept. 15, 2008		
4	\$	\$	\$	Dec. 15, 2008		
	ESTIMATE	ED TAX FORM INSTRUCTI	ONS	·		
THE PENALTY	Line 2 Enter ¼ of the Business F Line 3 Enter the TOTAL payment PROVISIONS OF RSA 21-J:32 WII	IMPORTANT:	BPT(b) in the tax workshee	et above.		
FORM NH-1120-ES 702 or the CALENDA		ARTMENT OF REVENUE ADMINIS PORATION BUSINESS TA pinning and end	X - 2008			
	PLEASE PRINT OR TYPE NAME OF CORPORATION	Mo Day Year	Mo Day Year	FOR DRA USE ONLY		
	NAME OF CORPORATION		TEDERALLIMIPLOTE	KIDENTII ICATION NOMBER		
	SINGLE MEMBER LIMITED LIABILITY COMPANY		DEPARTMENT IDEN	TIFICATION NUMBER		
FOR DRAUSE ONLY	NUMBER AND STREET ADDRESS		If required to use	If required to use DIN, DO NOT USE FEIN		
	ADDRESS (continued)		1/4 BET 1 \$			
	CITY/TOWN, STATE & ZIP CODE		1/4 BPT 2 \$			
			Amount of Payment 3 \$			
	MAIL NH DRA PO BOX 637 TO: CONCORD NH 03302-0637	Enclose,	cks payable to: STATE OF I but do not staple or ta stimate. Do not file a \$	pe your payment		

NH-1120-ES 702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED CORPORATION BUSINESS TAX - 2008

FOR DRAUSE ONLY

For the CALENDA	R year 2008 or other taxable period beginning ${M_0}$	and ending Day Year Mo	Day Year	FOR DRAUSE ONLY		
	PLEASE PRINT OR TYPE NAME OF CORPORATION		+	DI OVED IDENTIFICATION NILIA	4DED	
	NAME OF CORPORATION		FEDERALEME	LOYER IDENTIFICATION NUMBER		
	SINGLE MEMBER LIMITED LIABILITY COMPANY		DEPARTMENT	IDENTIFICATION NUMBER	ENTIFICATION NUMBER	
FOR DRA USE ONLY	NUMBER AND STREET ADDRESS		If required to use DIN, DO NOT USE FEIN			
	ADDRESS (continued)		1/4 BET 1	\$		
	CITY/TOWN, STATE & ZIP CODE		1/4 BPT 2	*		
			Amount of Payment 3			
	MAIL TO: NH DRA PO BOX 637 CONCORD NH 03302-0637 Make checks payable to: STATE OF NEW HAMPSHI Enclose, but do not staple or tape your paym to this estimate. Do not file a \$0 estimate.					
FORM NH-1120-ES		OF REVENUE ADMINISTRATION				
For the CALENDAI	R year 2008 or other taxable period beginning	and ending	Davis Varia			
	PLEASE PRINT OR TYPE	Day Year Mo	Day Year	FOR DRA USE ONLY		
	NAME OF CORPORATION		FEDERAL EMPLOYER IDENTIFICATION NUMBER			
	SINGLE MEMBER LIMITED LIABILITY COMPANY		DEPARTMENT IDENTIFICATION NUMBER			
FOR DRAUSE ONLY	NUMBER AND STREET ADDRESS	If require		to use DIN, DO NOT USE FEIN		
	ADDRESS (continued)		1/4 BET 1	\$		
	CITY/TOWN, STATE & ZIP CODE		1/4 BPT 2			
			Amount of Payment 3			
	MAIL NH DRA PO BOX 637 TO: CONCORD NH 03302-0637 Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.					
	Cuta	long this line)			1120-ES . 09/2007	
FORM NH-1120-E	_	OF REVENUE ADMINISTRATION				
For the CALENDA	$^{ m AR}$ year $^{ m 2008}$ or other taxable period beginning $^{ m Mc}$	Day Year and ending —	Day Year			
	PLEASE PRINT OR TYPE	Day fear Mo		FOR DRAUSE ONLY		
	NAME OF CORPORATION		FEDERAL EMP	PLOYER IDENTIFICATION NUM	MBER	
	SINGLE MEMBER LIMITED LIABILITY COMPANY		DEPARTMENT IDENTIFICATION NUMBER			
FOR DRAUSE ONLY	NUMBER AND STREET ADDRESS		If required to use DIN, DO NOT USE FEIN			
	ADDRESS (continued)		1/4 BET 1	\$		
	CITY/TOWN, STATE & ZIP CODE		1/4 BPT 2	\$		
			Amount of Payment 3	\$		
	MAIL TO: NH DRA PO BOX 637 CONCORD NH 03302-0637 Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.					